MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10/584 (-3) APPLICANT(S) FILING DATE

(FOR USE WITH FORM PTO-875)

APPLICATION

AP

CI	ΔI	M	ß	S

	AS FILED		AFTER 1*AMENDMENT		AFTER 2 MAMENDMENT	
	IND.	DEP.	· IND.	DEP.	IND.	DEP.
1	1					
3						-
				· ·		
<u>4</u> <u>5</u> 6						
5		1,-				
7						
8	·	-				-
9_		1				
10						
11						
12						
13						
14 15					·	
16					- 1-	
17						
18						
19						
20						ļ. <u>. </u>
21						
22						
23				-	-	
24 25						
26						
27						1
28						
29						
30						ļ ·
31						
32 33		<u> </u>				
34					-	<u> </u>
35						
36						
36 37						
38						•
39						ļ
40						
41						
41 42 43						
44	-					
44 45						
46						
47						
48						
49		· · ·				
50 TOTAL	1	<u> </u>				
IND.	/	♥		- 		♥
TOTAL DEP.	9	•		((
TOTAL CLAIMS	10			**************************************		1200

S	AS FILED		AFTER		AFTER	
			1" AMENDMENT			DEP.
51	IND.	DEP.	IND.	DEP.	IND.	DEP.
52						
52 53 54 55 56						
54				•		
55						
56						
57						
58						
59						
60						
61 62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73 74						
75						
76				-		
77				- :		
78					•	
79					•	
80						
81						
82						
83						
84						
85 86						
87						
88						
89	7			٠.		
90						
91						
92						
93				<u>:</u>		
94						
95			-		-	
96 97						
98						
99						
100						
TOTAL						II.
IND.				▼		. ▼
TOTAL DEP.		+		(+
TOTAL CLAIMS						